

PSJ3

Exhibit 62

1/28/99 Program ID:100604 Talk ID:100450

PURDUE PHARMA L.P.
SPEAKER CONFIRMATION AND FOLLOW-UP FORM

Organization: Florida Hospital
 Talk Date: March 17, 1999
 Talk Time: 1:00 pm
 Talk Title: Institutionalization of Pain and JCAHO Standards
 Talk Location: Florida Hospital South, 601 E. Rollins Street, Orlando, FL
 Contact: Vilma Raettig
 Contact Phone: (407) 897-5600 ext. 7689
 Purdue Rep: Lisa Myers

LECTURE CONFIRMATION INFORMATION:

June Dahl, PhD
 University Of Wisconsin-madison, School Of Medicine
 3780 Medical Science Center, 1300 University Avenue
 Madison, WI 53706

Because of regulatory considerations, please be advised that if during your talk you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

PROGRAM ASSESSMENT BY SPEAKER: (Form to be completed by speaker post lecture and returned in enclosed envelope):

Talk Title (if different than above): _____
 Audience Size: _____ Audience Knowledge of Topic: _____ How helpful was Purdue Rep? _____
 In a few words, please give us your overall impression of the program: _____

FINANCIAL SUPPORT INFORMATION:

PLEASE ATTACH RECEIPTS

Type (as directed by provider): ☒ Direct To Speaker
 Travel Agency Arrangements: ☐ Not applicable in funding
☒ If required -- Only arrangements made through Wagonlit Travel will be covered.
 (phone: 800-745-3210)

Hotel covered for _____ Night(s)

Honorarium:	\$1000.00	(1099)	Mileage (\$0.25/mile)	_____
Total Expenses:	\$ _____	(Bypass 1099)	Tolls/Parking	_____
			Hotel	_____
			Meals	_____
			Other	_____

Grand Total: \$ _____

Check payable to: June Dahl, PhD
 University Of Wisconsin-madison, School Of Medicine
 3780 Medical Science Center, 1300 University Avenue
 Madison, WI 53706

SS# / Tax ID #: REDACTED

If different than above please specify: Name: _____ SS# / Tax ID #: _____
 Address: _____

Signed (Speaker): _____ Date: _____

If you have any questions, please call Kimberly Kittridge at Purdue Pharma L. P. (203) 854-7193.

(For Purdue Office Use Only)

Requested by: Kimberly Kittridge

General Ledger No.: _____

Description: March 17, 1999, Orlando, FL (Florida Hospital)

Date to accounting dept: _____

Med Ed Use

PP/209 () OXY

Approved by: _____

(revised 12/21/1998 Version 1.9)

PF/0101 () UNI

7006652779

PDD1701249834

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180470186

1/28/99 Program ID: 100494 Talk 1

PURDUE PHARMA L.P.
SPEAKER CONFIRMATION AND FOLLOW-UP FORM

Organization: Florida Hospital
 Talk Date: March 17, 1999
 Talk Time: 1:00 pm
 Talk Title: Institutionalization of Pain and JCAHO Standards
 Talk Location: Florida Hospital South, 601 E. Rollins Street, Orlando, FL

Contact: Vilma Raettig
 Contact Phone: (407) 897-5600 ext. 766
 Purdue Rep: Lisa Myers

LECTURE CONFIRMATION INFORMATION:

June Dahl, PhD
 University Of Wisconsin-madison, School Of Medicine
 3780 Medical Science Center, 1300 University Avenue
 Madison, WI 53706



Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

PROGRAM ASSESSMENT BY SPEAKER: (Form to be completed by speaker post lecture and returned in enclosed envelope):

Talk Title (if different than above):
 Audience Size: 500 Audience Knowledge of Topic: excellent How helpful was Purdue Rep? Extremely
 In a few words, please give us your overall impression of the program: It facilitated discussion of the issues that the system needs to address. These opportunities are essential for the work of staff members dedicated to improving pain management.

FINANCIAL SUPPORT INFORMATION:

Type (as directed by provider): (X) Direct To Speaker
 () Not applicable in funding
 Travel Agency Arrangements: (X) If required -- Only arrangements made through Wagonlit Travel will be covered. (phone: 800-745-3210)

Hotel covered for _____ Night(s)

Honorarium: \$1000.00
 Total Expenses: \$ _____

(1099)
 (Bypass 1099)

Mileage (\$0.25/mile) _____
 Tolls/Parking _____
 Hotel _____
 Meals _____
 Other _____

Grand Total: \$ _____

Check payable to: WCP1 June Dahl, PhD
 University Of Wisconsin-madison, School Of Medicine
 3780 Medical Science Center, 1300 University Avenue
 Madison, WI 53706

SS# / Tax ID #: **REDACTED**

If different than
 above please specify:

Name: WCP1
 Address: 1300 University Ave
Room 4720
Madison, WI 53706

SS# / Tax ID #: _____

Signed (Speaker): June T. Dahl

Date: 3/18/99

If you have any questions, please call Kimberly Kiltride at Purdue Pharma L. P. (203) 854-7193.

(For Purdue Office Use Only)

Requested by: Kimberly Kiltride

General Ledger No.: 0120001

Description: March 17, 1999, Orlando, FL (Florida Hospital)

Date to accounting dept: 4/16/99

Med Ed Use

PP/209 OKY

Approved by: [Signature]

(revised 12/21/1998 Version 1.9)

PF/0101 () UNI

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PDD1701249835

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PKY180470187

TRACKING
NUMBER:

LM

REQUESTING
SALES REP:

Lisa Myers
5100730

TALK
DATE:

3/17/99

SPEAKER:

June Dahl

DATE OF CONFIRMATION
WITH INSTITUTION:

1.26.99

Notes:

LM - will call 1/19

LM 1/20/99

LM 1/26/99

DATE OF CONFIRMATION
WITH SPEAKER:

1.15.99

Notes:

DATE OF CONFIRMATION
WITH REPRESENTATIVE:

1.26.99

Notes:

SPEAKERS BUREAU ()
SEMINAR/SYMPOSIUM ()

DIRECT OR ED. GRANT? Direct
TAX ID #: _____

HONORARIUM: \$ 1000-
FOOD COSTS: _____

7006652781
PDD1701249836

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PKY180470188